

PRINTED: 07/02/2013
FORM APPROVED

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN7505	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 07/01/2013
NAME OF PROVIDER OR SUPPLIER NHC HEALTHCARE, MURFREESBORO		STREET ADDRESS, CITY, STATE, ZIP CODE 420 N UNIVERSITY ST MURFREESBORO, TN 37130		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 831	<p>1200-8-6-.08 (1) Building Standards</p> <p>(1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.</p> <p>The finding included:</p> <p>Observation on 7/1/13 at 10:46 AM revealed stained and damp ceiling tiles in the following locations:</p> <ol style="list-style-type: none"> 1. Wheel chair storage room by room 165 2. Rehab Dining Room 3. Clean linen closet in 1 East Hall 4. Medical Records Room in basement <p>This finding was verified during the walk through by the administrator in training and acknowledged by the administrator and the regional vice president during the exit conference on 7/1/13.</p>	N 831	<p>NB31</p> <p>The Maintenance Partner inspected the following rooms, wheel chair storage room by 165, Rehab Dining Room, Clean linen closet in 1 East hall, and Medical Records in the basement. The ceiling tiles were replaced. Weekly rounds will be done routinely to ensure the physical plant and health center environment will be maintained for the well being and safety of the residents. The maintenance director will monitor the building on an on-going basis.</p>	7/15/13

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

TITLE

Administrator

(X6) DATE

7/17/13

8800

HY0121

If continuation sheet 1 of 1